

FILED MAY 12 1944

State File No. _____

Registration District No. 12-4260

Primary Registration District No. 4392

Registrar's No. 2-6-0

1. PLACE OF DEATH: Osage
(a) County Osage
(b) City or town Freeburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Freeburg Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED: 76
(a) State Missouri (b) County Osage
(c) City or town Freeburg 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HENRY - PABEN
(b) If veteran, name war. _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month March day 15th
year 1944 hour 7 minute 49 A.M.

4. Sex M - 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Levin 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April 4 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-20-1944 to 3-24-1944
that I last saw him alive on March 24 - 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 11 Days 25
If less than one day _____ hr. _____ min.

Immediate cause of death Obstruction of coronary Arteries 35.4 yrs.
Due to Atherosclerosis (Chronic)
Due to Coronary Arteriosclerosis

9. Birthplace Loose Creek Mo
(City, town, or county) (State or foreign country)

Other conditions Senile Debility
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 126

10. Usual occupation Farming
11. Industry or business _____
12. Name Martin Pabon
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

16. (a) Informant Wm. Vallan - (son)
(b) Address Freeburg - Mo
17. (a) Burial (b) Date thereof 3-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freeburg - cemetery
18. (a) Signature of funeral director Clyde Morton
(b) Address Freeburg - Mo
19. (a) 3-28-44 (b) Antonia Kledba
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Pax (If other) _____
Address Freeburg Mo Date signed 3-28-44

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-12-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address *Linn, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.